MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FILED

04 OCT 13 AM 11: 55

FOR OFFICIAL USE ONLY 8-23-04

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 7-19-04 to 9- -04
   Mo Day Year   Mo Day Year

1. Committee I.D. Number 137382

4. Candidate Last Name Owczarek First Name Thomas M.I. —

2. Committee Name
Committee to elect Thomas Owzarek for County Commissioner

4a. Office Sought Including District # or Community Served (If applicable)
County Commissioner Dist. #1

4b. County of Residence Macomb

5. Committee's Mailing Address
2120 Garrick
Warren Mi 48091
Area Code and Phone 586-756-8597

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
Thomas Owczarek
2120 Garrick Warren Mi.
Area Code & Phone (586) 756-8597

7. Treasurer's Business Address

Same

Area Code and Phone ( )

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

N/A

Area Code and Phone ( )

9. TYPE OF STATEMENT

9a. ☐ Pre-Election   OR   9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary   ☐ General

☐ Convention   ☐ School

☐ Special   ☐ Caucus

Date of Election, Convention or Caucus
8-03-2004
Month Day Year

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

_____
Month   Day   Year

By checking this item, I\We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the $1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Thomas Owczarek / Thomas Owczarek
Type or Print Name   Signature
Date 9-5-04
Mo Day Year

Candidate Thomas Owczarek / Thomas Owczarek
Type or Print Name   Signature
Date 9-5-04
Mo Day Year

Authority granted under P.A. 388 of 1976

1. Committee I.D. Number _137382_

2. Committee Name _Committee To Elect_

Thomas Owczarek For County Comm.

SUMMARY PAGE
CANDIDATE COMMITTEE

RECEIPTS		Column I This Period	Column II (PRE + POST) Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) $	509.70	(18.) $ 1,087
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0	(19.) $ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) $	509.70	(20.) $ 1,087
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	0	(21.) $ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0	(22.) $ 0
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	509.70	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	509.70	(23.) $ 1,087
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	0	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0	(24.) $ 0
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	0	
b. Owed to the Committee (Schedule 1E)	(12b.) $		

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	0
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	509.70
15. SUBTOTAL Add lines 13 and 14	(15.) = $	509.70
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	509.70
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	0 *

*If your ending balance is negative, please recheck your math.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number __137382__

2. Committee Name _To Elect Thomas Owczarek_ _County Comm_

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt _7-23-04_ Name: _Thomas Owczarek_ Address: _2120 Garrick, Warren mi. 48091_ 5. If over $100.00 cumulative, please provide: Occupation _Engineer/CANDIDATE_ Employer _____ Business Address _2120 Garrick Warren MI_ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$123.18 21.20 365.32 ‾‾‾‾ $509.70	$478 (Pre) $509.70 $987.70
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name: Address: 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name: Address: 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name: Address: 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	$509.70 509.70	$987.70

Enter this total on line 3 of Summary Page.

Page __1__ of __1__

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number _137382_

2. Committee Name _Committee to Elect Thomas Dwyer_

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name _STAPLES_ Address _CHESTERFIELD, MI_ ☐ Fund Raiser	Purpose: _PASS-OUT CARDS_ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7/22/04	$123.18
Expenditure #2 Name _STAPLES_ Address _CHESTERFIELD_ ☐ Fund Raiser	Purpose: _1000 mach. Fold_ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7/22/04	$21.20
Expenditure #3 Name _STAPLES_ Address _CHESTERFIELD_ ☐ Fund Raiser	Purpose: _PRINT/CUT/FOLD LITERATURE_ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7/23/04	$365.32
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page **509.70**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **509.70**

Enter this total on line 8a of Summary Page

Page __1__ of __1__